

Erasmus+ Certificate of Stay

Sending Institution: Georg-August-Universität Göttingen

Students Full Name: _____

Date of Birth: _____

We confirm that the above mentioned student was enrolled as a full time student at our institution within the Erasmus+ programme

from (first day of study) _____

to (last day of study) _____

Host Institution: _____

Name: _____

Function: _____

Signature: _____

Date: _____

Stamp: _____

This confirmation must not be signed before the last day of study and has to be returned by the student to the International Office (Göttingen International) at Göttingen University.